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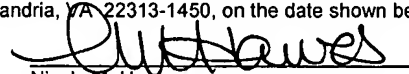
Docket No.: B0801.70256US01
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Pier et al.
Serial No.: 10/712,391
Confirmation No.: 8225
Filed: November 12, 2003
For: METHODS AND PRODUCTS FOR TREATING STAPHYLOCOCCAL
INFECTIONS
Examiner: Not Yet Assigned
Art Unit: 1645

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Dated: August 22, 2005


Nicole M. Hawes

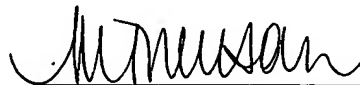
STATUS INQUIRY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

It is respectfully requested that the undersigned be advised of the status of the above-identified application. Please advise of when an Office Action can be expected from the Patent and Trademark Office.

Respectfully submitted,



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Date: August 22, 2005
x09.10.05x



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/712391-Conf. #8225	
	Filing Date	November 12, 2003	
	First Named Inventor	Gerald B. Pier	
	Art Unit	1645	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	2	Attorney Docket Number	B0801.70256US01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	Maria A. Trevisan		
Date	August 22, 2005	Reg. No.	48,207

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Dated: August 22, 2005	Signature: (Nicole M. Hawes)